	gency Report of: eremonial Role Even	its and Ticket/F	Pass Dist	ributions	. RECE <b>A</b> ⁄H	Public Document
1.	Agency Name			Hata otenia City	California O O	
	City of San Jose				OTC CA 2019 APR 10 PM	Form OUZ
	Division, Department, or Region (if applicable)			ZUIYAPR 10 PM	For Official Use Only	
	City Manager's Office				- 09	
	Designated Agency Contact (Name, Title)					
	David Sykes, City Manager			Amondment (Must Pro	vida Evalanation in Part 2 \	
	Area Code/Phone Number	E-mail			Amendment (Must Prov	nde Explanation in Part 3.)
	(408) 535-8100	er@sanjoseca.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Information					
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$ 100	.00		
	Event Description: Cesar Chavez Scholarship Breakfast Date(s) 3			Date(s)3_	<u>, 29 , 19                                  </u>	
	Provide Title/ Explanation  Tick of (a) /Paccy (ac) provided by agoncy? Yea 🗔 No 💆 If no: Santa C			ara Valley Transportation	n Authority	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Santa of			II 110. <u></u>	Name of Source	
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:					
	of agency official?				Official's Name (Last, First)	
3.	Use Section A to identify the agency's department or unit.     Use Section B to identify  Number				lual. • Use Section C to identify	
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follo	owing:
	(Last, First)		Passes	Ceremonial Role ☐ Other ☒ Income ☐		
	Jones, Chappie		1	If checi	Ceremonial Role	
	Davis, Dev		1	Ceremonial Role Other Image: Income Honored guest at the Cesar Chavez Scholarship Breakfast		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy	
	· .					
1.	<b>Verification</b> I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set forth	above, is in accordance
(	DOSA D.SM		ies ci		TYMANAGER 4/10/19	
	Signature of Agency Heal or Design	ee Pı	int Name		Title	(month, day, year)
	Comment:					

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



	gency Name							
City 3.	of San Jose  Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:					
	Diep, Lan	1	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below:  Honored guest at the Cesar E. Chavez Scholarship  Breakfast					
	Herbert, Frances	1	Ceremonial Role Other Income I					
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:					
			Ceremonial Role  Other  Income  Income  If checking "Ceremonial Role" or "Other" describe below:					
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					